

N THE UNITED STATES PATENT AND TRADEMARK OFFI

| Applicant: ERIC R. FIRST | Examiner: | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Serial No.: Pending |) Group Art Unit: | | | |
| Filed: Herewith |)) | | | |
| For: THERAPY FOR MELANIN RELATED AFFLICTIONS |) Irvine, California) _) | | | |
| NON-PROVISIONAL PATENT APP | PLICATION TRANSMITTAL LETTER | | | |
| Mail Stop: Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir/Madam: Enclosed herewith are the following documents: (x) Transmittal Letter - 3 pgs. (x) Specification (49 pages) 15 (x) Drawings (-1 - sheet) (x) Declaration/Power of Attorn (x) Assignment with Recordation (x) Return/postage paid Postcar (x) Express Mail Certificate No. | on Cover Sheet ement with cited art rd | | | |
| Dated: April 2, 2004 CERTIFICATE OF EXPRESS I hereby certify that this Transmittal Letter and United States Postal Service on APRIL 2, 2004 in an envel label number EV193721164US with sufficient postage for Commissioner for Patents, P.O. Box 1450, Alexandria, VA 2 | d above-identified documents are being deposited with the elope as "Express Mail Post Office To Addressee" mailing or Express Mail addressed to Mail Stop: Patent Application, | | | |
| Date:APRIL 2, 2004 | Susan Bartholomew Name of person mailing paper Signature of person mailing paper | | | |

NEW APPLICATION TRANSMITTAL FORM

To the Commissioner for Patents:

This is a Request for filing a NON-PROVISIONAL patent application under 37 CFR 1.53(b) entitled THERAPY FOR MELANIN RELATED AFFLICTIONS by the following named inventor:

| 1 | Full Name of Inventor | Last Name: | First Name: | Middle Name: | | |
|---|------------------------------|----------------------|------------------------------|--------------------------|----------------------|--|
| | | FIRST | ERIC | R. | | |
| | Residence and Citizenship | CITY: | State or Foreign Country: | Country Of Citizenship | itizenship: | |
| | Post Office Address | Post Office Address: | MASSACHUSETTS City: | U.S.A. State or Country: | Zip Code: | |
| | | 52 N STREET | BOSTON | MASSACHUSETTS | 02127- 2305 | |
| 2 | Full Name of Inventor | Last Name: | First Name: | Middle Name: | | |
| | Residence and Citizenship | City: | State or Foreign Country: | Country Of Citizenship | ntry Of Citizenship: | |
| | Post Office Address | Post Office Address: | City: | State or Country: 2 | Zip Code: | |
| 3 | Full Name of Inventor | Last Name: | First Name: | Middle Name: | | |
| | Residence and Citizenship | City: | State or Foreign Country: | Country Of Citizenship: | | |
| | Post Office Address | Post Office Address: | City: | State or Country: 2 | Zip Code: | |

- (X) The Commissioner is hereby authorized to use Deposit Account Number 01-0885 for the payment of any extension fees incurred during the prosecution of this application.
- (X) Enclosed is a specification of 49 pages, 15 claims (2 pages) and an abstract (1 page).

Oath or Declaration

- (X) Enclosed is a fully executed oath or declaration.
- () Enclosed is an unsigned oath or declaration.
- (X) A self-addressed return postcard is enclosed for verification of receipt.
- (X) The filing fee is calculated below:

| FOR | NUMBER FILED | NUMBER EXTRA | RATE | FEE |
|-----------------------------------------------------------------|-----------------|------------------|----------|----------|
| Basic Fee (Large entity) | | | \$770.00 | \$770.00 |
| Total Claims 15 min | us 20 = | -0- | \$18.00 | \$0.00 |
| Independent Claims 5 min | us 3 = | -2- | \$86.00 | \$172.00 |
| If application contains any multiple dependent claims, then add | | \$290.00\$ | 0.00 | |
| | - | TOTAL FILING FEE | | \$942.00 |

- The Commissioner is hereby authorized to charge the filing fee and excess claim fees (including multiple dependent claim fee) as stated above to Deposit Account No. 01-0885. If this amount is incorrect, or for payment of any other fees that may be incurred as a result of this communication please use said Deposit Account. A duplicate copy of this sheet is enclosed for that purpose.
- (X) An Assignment with the Recordation Cover Sheet, bestowing all interest in this application to Allergan, Inc., is enclosed.
- (X) New drawing(s) are enclosed in -1- sheet.
- A Statement Pursuant to 37 CFR §1.821(f) and a labeled diskette containing the computer readable sequence listing is enclosed.
- A Statement Pursuant to 37 CFR \$1.821(e), stating that the paper copy and the computer readable form are identical is filed herewith.
- A properly labeled computer readable form of the Sequence Listing accompanies this Application.
- The Power of Attorney in this application is to Stephen Donovan, Registration Number 33,433.
- (x) The Power of Attorney appears in the Combined Declaration and Power of Attorney, filed herewith.

Please address all future communications to:

STEPHEN DONOVAN Registration No. 33,433 ALLERGAN, INC. 2525 Dupont Drive, T2-7H Irvine, CA 92612

Tel: 714-246-4026

Fax: 714-246-4249

Respectfully submitted,

Date: April 2, 2004

Stephen 10 hovan Registration No. 33,433

Attorney of Record